

02/01/02

J1130
U.S.
PTO
**UTILITY
PATENT APPLICATION
TRANSMITTAL**

Attorney Docket No. 218797US0

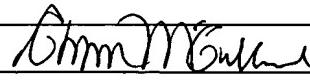
First Inventor or Application Identifier Masato OSHIDA, et al.

Title HAIR DYE COMPOSITIONS

Assignee Name: Kao Corporation

Assignee Address: 14-10, Nihonbashikayabacho 1-chome, Chuo-ku,
Tokyo 103-8210 Japan02/01/02
JCT14 USPTO

APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents		Assistant Commissioner for Patents ADDRESS TO: Box Patent Application Washington, DC 20231
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g. PTO/SB/17) (Submit an original and a duplicate for fee processing)		ACCOMPANYING APPLICATION PARTS
2. <input checked="" type="checkbox"/> Specification Total Sheets 30		7. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))
3. <input type="checkbox"/> Drawing(s) (35 U.S.C. 113) Total Sheets []		8. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76
4. <input type="checkbox"/> Oath or Declaration Total Pages [] <ul style="list-style-type: none"> a. <input type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 C.F.R. §1.63(d)) (for continuation/divisional with box 17 completed) <ul style="list-style-type: none"> i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §1.63(d)(2) and 1.33(b). 		9. <input type="checkbox"/> 37 C.F.R. §3.73(b) Statement <input type="checkbox"/> Power of (when there is an assignee) <input type="checkbox"/> Attorney
5. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)		10. <input type="checkbox"/> English Translation Document (if applicable)
6. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) <ul style="list-style-type: none"> a. <input type="checkbox"/> Computer Readable Form (CRF) b. Specification or Sequence Listing on : <ul style="list-style-type: none"> i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> Paper c. <input type="checkbox"/> Statements verifying identity of above copies 		11. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations
17. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application no.: _____ Prior application information: Examiner: _____ Group Art Unit: _____		12. <input type="checkbox"/> Preliminary Amendment
For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.		
18. Amend the specification by inserting before the first line the sentence: <input type="checkbox"/> This application is a <input type="checkbox"/> Continuation <input type="checkbox"/> Division <input type="checkbox"/> Continuation-in-part (CIP) of application Serial No. _____ Filed on _____ <input type="checkbox"/> Which was published in English <input type="checkbox"/> Which was not published in English <input type="checkbox"/> This application claims priority of provisional application Serial No. _____ Filed _____		
19. CORRESPONDENCE ADDRESS  22850 (703) 413-3000 FACSIMILE: (703) 413-2220		

Name:	Norman F. Oblon	Registration No.:	24,618
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Registration Number 21,124

Docket No. 218797US0

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

INVENTOR(S) Masato OSHIKA, et al.

SERIAL NO: New Application

FILING DATE: Herewith

FOR: HAIR DYE COMPOSITIONS

FEES TRANSMITTAL

ASSISTANT COMMISSIONER FOR PATENTS
WASHINGTON, D.C. 20231

FOR	NUMBER FILED	NUMBER EXTRA	RATE	CALCULATIONS
TOTAL CLAIMS	12 - 20 =	0	× \$18 =	\$0.00
INDEPENDENT CLAIMS	1 - 3 =	0	× \$84 =	\$0.00
<input checked="" type="checkbox"/> MULTIPLE DEPENDENT CLAIMS (If applicable)			+ \$280 =	\$280.00
<input checked="" type="checkbox"/> LATE FILING OF DECLARATION			+ \$130 =	\$130.00
			BASIC FEE	\$740.00
			TOTAL OF ABOVE CALCULATIONS	\$1,150.00
<input type="checkbox"/> REDUCTION BY 50% FOR FILING BY SMALL ENTITY				\$0.00
<input type="checkbox"/> FILING IN NON-ENGLISH LANGUAGE			+ \$130 =	\$0.00
<input type="checkbox"/> RECORDATION OF ASSIGNMENT			+ \$40 =	\$0.00
			TOTAL	\$1,150.00

- Please charge Deposit Account No. 15-0030 in the amount of A duplicate copy of this sheet is enclosed.
 A check in the amount of \$1,150.00 to cover the filing fee is enclosed.
 The Commissioner is hereby authorized to charge any additional fees which may be required for the papers being filed herewith and for which no check is enclosed herewith, or credit any overpayment to Deposit Account No. 15-0030.
A duplicate copy of this sheet is enclosed.

Respectfully Submitted,

OBLON, SPIVAK, McCLELLAND,
MAIER & NEUSTADT, P.C.

Date: 2/1/02


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